

ARIZONA STATE BOARD OF NURSING

SCHOOL NURSE INITIAL CERTIFICATION INSTRUCTIONS

QUALIFICATIONS

All Registered Nurses seeking **initial** certification through the Board to practice or continue to practice as a school nurse shall submit a completed application. The applicant must be currently licensed and in good standing as a Registered Nurse in Arizona.

Nurses who have **never** been certified as a school nurse in Arizona are not required to provide proof of educational requirements until renewal of certificate is required. Initial certification as a school nurse is valid for 3 years.

School nurses who were certified by the Department of Education (DOE) and who are applying for certification with the Board of Nursing shall **also** provide proof of completion of all of the following educational **requirements** for each level of completion:

First Level

Requirements for applicants who have previously been certified as a School Nurse by DOE or have had initial certification for 3 years



Three semester hours in each:

- school nurse practice course
- physical assessment of the school-aged child course
- nursing care of the child with developmental disabilities

Initial Level and First Level

certifications are good for three years.

Second Level

Requirements for School Nurses who have had one previous renewal with DOE or who have had **First** Level Certification for 3 years



A Bachelor of Science Degree in Nursing

OR

Three semester hours in:

- community health theory
- management theory
- either 3 semester hours of upper division or graduate credit in nursing or health related subjects from a regionally-accredited institution, **or** 45 hours continuing education related to nursing practice

Second Level certification

is valid for six years.

Third Level

Requirements for School Nurses who have had prior renewals with DOE, or who have had **Second** Level Certification for years, or who have had **Third** Level Certification for 3 or more years.



Six semester hours of:

- upper division or graduate credit in nursing or health related subjects from a regionally-accredited institution

OR

***Ninety** contact hours of:

- continuing education related to nursing practice

Third Level certification

is valid for six years.

Subsequent renewal is valid for six years.

FEES

- The fingerprinting fee is \$43.00 for applicants who have not submitted a fingerprint card to the board within the past 2 years.
- The application fee is \$35.00
- Fees may be paid by money order or check and made payable to the Arizona State Board of Nursing. All personal checks **must** be pre-printed with your name and address.
- All fees submitted must be in US dollars and are not refundable.

FINGERPRINTING

- Pursuant to A.R.S. § 32-1606(B)(15), each applicant for **initial** certification is required to submit a full set of fingerprints with the completed application if you have not submitted fingerprints to ASBN within the past 2 years.
- If you download an application off the website (www.azbn.gov) and submit the completed application to ASBN, a fingerprint card will be mailed to you to complete when we receive your application. The fingerprint card you receive from ASBN **must** be the card you use for fingerprints, since it has specific agency data pre-printed on it.
- Please check your local phone directory for information on fingerprinting agencies.
- It can take 2-3 weeks to receive fingerprint results from the FBI. You cannot receive certification until these results are received.

Processing of an application, may take up to 30 days.

TIME FRAMES FOR CERTIFICATION:

The Board is required to process applications for certification within certain time periods. A.R.S. § 41-1073. The following definitions are provided to assist you in understanding the time frames below:

- Administrative completeness time frame: The number of days from receipt of an application until the Board determines that the application is complete.
- Substantive review time frame: The number of days following the administrative completeness time frame during which the Board determines whether the applicant should be certified.
- Deficiency notice:
Time to respond: Correspondence from the Board notifying the applicant that the application is incomplete and that information is missing.
The table below specifies the number of days an applicant has to respond to a deficiency notice.
- Comprehensive written request:
Time to respond: A request by the Board to the applicant during the substantive review time frame for additional information or documentation.
The table below specifies the number of days an applicant has to respond to a comprehensive written request.
- Overall time period: The total number of days from the Board's receipt of an application until the Board determines whether to grant certification. This time period includes the administrative completeness time frame, the substantive review time frame, as well as time to respond to a deficiency notice and comprehensive written request.

CERTIFICATION TIME FRAME TABLE

Type of Certification	Applicable Rule	Overall Time	Administrative Completeness	Deficiency Notice (time for applicant to respond)	Substantive Review	Comprehensive Written Request (time to respond)
WITHOUT INVESTIGATION						
SCHOOL NURSE CERTIFICATION	R4-19-308	150 days	30 days	270 days	120 days	150 days
WITH INVESTIGATION						
SCHOOL NURSE CERTIFICATION	R4-19-308	270 days	30 days	270 days	240 days	150 days

For more information regarding the time frames for certification, consult A.A.C. R4-19-102. For assistance with the application process for certification, contact Donna Frye at (602) 889-5194. If you fail to respond to a deficiency notice or comprehensive written request within the applicable time periods, your application will be withdrawn. If you are still interested in obtaining certification, you must submit a new application and applicable fees.

To obtain an application for
SCHOOL NURSE CERTIFICATION
go to our Website and download an application.
www.azbn.gov

Arizona State Board of Nursing
4747 N. 7th Street, Suite 200
Phoenix, AZ 85014-3653
Phone: 602-889-5150 Fax: 602-889-5155
E-mail: Arizona@azbn.gov

RNs/LPNs SAVE YOURSELF TIME AND FRUSTRATION...

Check these areas **before** returning your application.

ALL BLANKS MUST BE COMPLETED, EXCEPT THOSE MARKED OPTIONAL

GENERAL FOR ALL

- ☐ Your application is in black ink
- ☐ Home Address/Primary Residence – i.e., this is the address where you vote, or pay federal taxes, or obtain a driver's license
- ☐ You enclosed a check (pre-printed with your name and address) or money order for the *correct* fees made out to Arizona State Board of Nursing
- ☐ You answered ALL QUESTIONS, signed application and dated it
- ☐ **Initial Applicants** (i.e., exam, endorsement): A fingerprint card will be mailed to you after we receive your application
- ☐ **Read the instructions for more details on these reminders. Thank you!**

EXAMINATION APPLICANTS

- ☐ \$263 – **Examination fee** – includes Fingerprint fee. If you have submitted fingerprints within the past 2 years, you do not need to resubmit another set of fingerprints.

ENDORSEMENT APPLICANTS

- ☐ \$193 – **Endorsement fee** – includes Fingerprint fee (If requesting a Temporary license, add \$25 for license fee)
- ☐ **Endorsement Applicants:** If you are requesting temporary license, you enclosed a photocopy of current license which shows an expiration date.
- ☐ If a graduate of a foreign nursing program, have submitted a copy of a letter from CGFNS with ID number.

ADVANCED PRACTICE OR SCHOOL NURSE

- ☐ \$135 – **Nurse Practitioner fee** for each specialty listed on the application (Need fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years.)
- ☐ \$100 – **Prescribing & Dispensing Authority fee** for initial application (Need fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years.)
- ☐ \$100 – **Clinical Nurse Specialist fee** for initial application (Need fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years.)
- ☐ \$50 – **CRNA Prescribing fee** for initial application (Need fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years.)
- ☐ \$35 – **School Nurse initial** certification fee (Also need fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years.)
- ☐ \$25 – **School Nurse renewal** certification fee
- ☐ \$43 – Fingerprint fee

ABBREVIATIONS OF STATES & TERRITORIES

AL	ALABAMA	IL	ILLINOIS	MT	MONTANA	RI	RHODE ISLAND
AK	ALASKA	IN	INDIANA	NE	NEBRASKA	SC	SO. CAROLINA
AS	AM. SAMOA	IA	IOWA	NV	NEVADA	SD	SO. DAKOTA
AZ	ARIZONA	KS	KANSAS	NH	NEWHAMPSHIRE	TN	TENNESSEE
AR	ARKANSAS	KY	KENTUCKY	NJ	NEW JERSEY	TX	TEXAS
CA	CALIFORNIA	LA	LOUISIANA	NM	NEW MEXICO	UT	UTAH
CO	COLORADO	ME	MAINE	NY	NEW YORK	VT	VERMONT
CT	CONNECTICUT	MD	MARYLAND	NC	NO. CAROLINA	VI	VIRGIN ISLANDS
DC	WASHINGTON DC	MA	MASSACHUSETTS	ND	NO. DAKOTA	VA	VIRGINIA
DE	DELAWARE	MI	MICHIGAN	OH	OHIO	WA	WASHINGTON
FL	FLORIDA	MN	MINNESOTA	OK	OKLAHOMA	WV	WEST VIRGINIA
GA	GEORGIA	MO	MISSOURI	OR	OREGON	WI	WISCONSIN
HI	HAWAII	MP	NO. MARIANA IS.	PA	PENNSYLVANIA	WY	WYOMING
ID	IDAHO	MS	MISSISSIPPI	PR	PUERTO RICO		

ARIZONA STATE BOARD OF NURSING

4747 N. 7TH STREET, SUITE 200
PHOENIX, AZ 85014-3653
(602) 889-5150 FAX (602) 889-5155
Email: arizona@azbn.gov
Website: www.azbn.gov

**APPLICATION FOR
SCHOOL NURSE CERTIFICATION****PLEASE NOTE:**

- Type Or Black Ink Only
- Processing of an application may take up to 30 days

First Name _____

First

Middle Name _____

Maiden Name _____

LAST NAME _____

Last

Former Name(s) _____

AZ RN License No _____

Social Security Number* _____

*Disclosure Is Mandatory

Current Status of Arizona RN License: _____

Mailing Address _____

Street Address

City

State

ZIP

Telephone No. (H) _____

AREA CODE & TELEPHONE NO.

(W) _____

AREA CODE & TELEPHONE NO.

Education:	Name and Location of School	No. Years	Grad Date	Type of Certificate or Degree
Nursing Program	Name:			
	City/State:			

Have you taken and passed a national certification examination?

☐ No☐ Yes**If yes:**

a. Name of certifying organization: _____ c. Cert. # _____

b. Specialty area: _____ d. Date of certification: _____

FOR OFFICIAL USE ONLY

NCNET CHECK _____

CERTIFICATE #. _____ DATE ISSUED _____ DATE EXPIRED _____

Employment in Nursing:

Current Employer:

Name: _____

Employed From _____

Address: _____

Position: _____

Employer Phone # _____

Previous Employer if current employment is less than 12 months:

Name: _____ Employed From: _____ to _____

Address: _____ Position: _____

_____ Employer Phone #: _____

Date first certified by Arizona Department of Education (ADOE) _____ (if applicable).

Number of renewals by Arizona Department of Education 0 1 2 3 4 **(circle one)**

Expiration date of **last** certification by Arizona Department of Education _____.

Educational Courses Completed

NOTE: You must provide a transcript or continuing education certificate for each course completed.

Check all boxes that apply:

First Level

(Requirement for applicants who have previously been certified as a School Nurse by the Department of Education)

Three Semester Hours in each:

- ☐ School nurse practice course work
- ☐ Physical assessment of the school-aged child course
- ☐ Nursing care of the child with developmental disabilities

Second Level

(Requirements for School Nurses who have had one previous renewal with the Department of Education)

- ☐ A Bachelor of Science Degree in Nursing

OR

Three Semester Hours in each:

- ☐ Community Health Theory
- ☐ Management Theory
- ☐ Either 3 semester hours of upper division or graduate credit in nursing or health-related subjects from a regionally-accredited institution, or 45 hours continued education related to nursing practice

Third Level

(Requirements for School Nurses who have renewed with the Department of Education more than one time)

Six Semester Hours

- ☐ Upper division or graduate credit in nursing or health related subjects from a regionally accredited institution

OR

Ninety Contact Hours

- ☐ Continuing education related to nursing practice

Initial Level and First Level
certifications are good for three years.

Second Level certification
is valid for six years.

Third Level certification
Is valid for six years.
Subsequent renewal is valid
for six years.

The following 2 questions must be answered completely in order to process your application.

1. Are you currently under investigation or is disciplinary action pending against your nursing license, CNA certificate or any other license or certification you hold in any state or territory of the United States?

☐ NO ☐ YES If yes, **include** with your application a detailed explanation and a copy of the paperwork regarding current investigation or pending disciplinary action.

Before answering the next question, read the following: The fact that a conviction has been pardoned, expunged, dismissed, deferred, reclassified, redesignated, or that your civil rights have been restored does not mean that you answer this question “no”; you would have to answer “yes” and give details on each conviction.

2. Have you ever been convicted, entered a plea of guilty, nolo contendere or no contest, or have you ever been sentenced, served time in jail or prison, or had deferred prosecution or deferred sentence in any **felony** or undesignated offense?

☐ NO ☐ YES If yes, **provide a written** explanation of the details of each conviction and sentence. **Return** the written explanation, a copy of the police report and court documents for each conviction, indicating type of conviction, conviction date and sentence including the date of absolute discharge of the sentence for each **felony** conviction with your application.

If you answer “yes” to this question, your application will not be processed until you provide proof that it has been more than 5 years since the sentence for each felony conviction has been **COMPLETED** or provide proof that the conviction was designated a misdemeanor.

VERIFICATION BY OATH OR AFFIRMATION

The undersigned verifies that he/she is the person referred to in the foregoing application; that the statements are true in every respect; that he/she has not suppressed any information that would affect this application; that he/she will conform to ethical standards of conduct in the profession of nursing and obey the laws and the rules of the Arizona Board of Nursing; that he/she has read and he/she understands that failure to disclose the requested information or disclosure of false or misleading information may constitute fraud and may result in denial of licensure/certification or disciplinary action, up to and including revocation, taken against an issued license or certificate. Failure to disclose the requested information or disclosure of false or misleading information may also result in criminal prosecution.

Signature of Applicant

Date

**Please staple all three pages of the application together
and mail to:**

**Arizona State Board of Nursing
4747 N. 7th Street, Suite 200
Phoenix, AZ 85014-3653**